

UTILIZATION REPORT  
FOR  
MISCELLANEOUS FEDERAL PROGRAM APPROPRIATION  
AND PERSONNEL AUTHORIZATION REQUEST  
A.C.A. 19-7-501 ET SEQ.

DATE: \_\_\_\_\_ GRANT ID: \_\_\_\_\_ LEG. REVIEW DATE \_\_\_\_\_

BUSINESS AREA: \_\_\_\_\_ BUS. AREA PRGM. TITLE \_\_\_\_\_

GRANTING ORGANIZATION: \_\_\_\_\_ GRANT NUMBER: \_\_\_\_\_

EFFECTIVE DATES OF AUTHORIZATION: \_\_\_\_\_ BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

PURPOSE OF GRANT / REASON FOR ADDITION OR CHANGE: (Include attachments as necessary to provide thorough information)

PROJECT-GRANT FUNDING: BUS AREA \_\_\_\_\_ F CTR \_\_\_\_\_ FUND \_\_\_\_\_ FUNC AREA \_\_\_\_\_

CONTINUATION OF EXISTING PROGRAM: \_\_\_\_\_ CHANGE IN EXISTING PROGRAM: \_\_\_\_\_ NEW PROGRAM: \_\_\_\_\_

	NEW FEDERAL FUNDS	STATE MATCHING FUNDS	OTHER MATCHING FUNDS	TOTAL PROJECT
Regular Salaries				
Extra Help				
Operating Exp.				
Pers. Svc. Match.				
Conf. Fees & Trav.				
Prof. Fees & Svcs.				
Capital Outlay				
Data Proc. Svc.				
Other				
Other				
TOTAL				

FUNDING PERCENTAGES:

	FEDERAL	STATE	OTHER	TOTAL
FY03				
FY04				
FY05				
FY06				
FY07				

TYPE OF FEDERAL GRANT:

☐ WIA

☐ NON-WIA

ANTICIPATED DURATION OF FEDERAL FUNDS: \_\_\_\_\_

OIT APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

Items requested for information technology must be in compliance with Technology Plans submitted to OIT.

POSITIONS TO BE ESTABLISHED: (List each position separately)

Personnel Area	Pos. No.	Cost Center	WBS	CI	FA	Position Title	Class Code	Grade

State funds will not be used to replace federal funds when such funds expire, unless appropriated by the General and authorized by the Governor.

APPROVED BY:

\_\_\_\_\_  
AGENCY DIRECTOR DATE

\_\_\_\_\_  
OFFICE OF BUDGET DATE

\_\_\_\_\_  
OFFICE OF PERS. MGMT. DATE